

Prescription Medication Order and Permission to Administer Medication and to Test Blood Sugar Form

(To be returned to the school nurse or designee)

From time to time, it may be necessary for your child to take prescription medicine for treatment of an illness. Medicines that are ordered to be taken less than 4 times a day can and should be taken at home. However, if medicine must be taken 4 or more times a day, or at a specific time scheduled during school hours, the school nurse or designee, as mandated by state law, may dispense medications **ONLY WITH THE FOLLOWING:**

1. Medication order, signed by the physicians
2. Parental authorization, signed by the parent or guardian
3. Original pharmacist labeled bottle.

MEDICATION ORDER

Student: _____ Date of Birth: ____/____/____

Medication: _____

Directions: _____

Reason for giving: _____

Date: ____/____/____ Telephone number of physician or health care provider: _____

(Signature of Physician or Health Care Provider)

PERMISSION TO ADMINISTER

Date: ____/____/____ I hereby give my permission for _____ to
take the above prescription at school as directed.

(Signature of Parent/Guardian)

PERMISSION TO TEST BLOOD SUGAR LEVEL

Date: ____/____/____ I grant permission for the school nurse or designee to test my child's
blood sugar level at school during a crisis or emergency situation.

(Signature of Parent/Guardian)

Date: ____/____/____ I grant permission for the school nurse or designee to test this child's
blood sugar level during a crisis or emergency situation.

(Signature of Physician or Health Care Provider)

Source: "Diabetes Management in the School Setting", 1998, Missouri Association of School Nurses.